

# **EXHIBIT B**

1                   IN THE UNITED STATES DISTRICT COURT  
2                   FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA  
3                   CHARLESTON DIVISION

4   IN RE: ETHICON, INC.                   Master File No.  
5   PELVIC REPAIR SYSTEMS               2:12-MD-02327  
6   PRODUCTS LIABILITY LITIGATION       MDL NO. 2327

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7                   Mary Shelton, et al.,           JOSEPH R. GOODWIN  
8   U.S. DISTRICT JUDGE

9                   Plaintiffs,

10                  v.                               Case No. 2:12-cv-01707

11                  Ethicon, Inc., et al.,  
12   Defendants.

13                               ORAL DEPOSITION OF  
14                               CHRISTINA PRAMUDJI, M.D.  
15                               Tuesday, July 12, 2016

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20  
21                               GOLKOW TECHNOLOGIES, INC.  
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24

<p style="text-align: right;">Page 50</p> <p>1 erosion.</p> <p>2 Q. What's the basis of that</p> <p>3 opinion?</p> <p>4 A. Because an exposure is more</p> <p>5 after -- immediately after the surgery, when</p> <p>6 the wound doesn't come together well. An</p> <p>7 erosion is further down the line where the</p> <p>8 tissue is compromised and breaks down. In</p> <p>9 her case, it was compromised by the atrophy.</p> <p>10 Q. Other than the atrophy, the</p> <p>11 diabetes and the hysterectomy, do you believe</p> <p>12 that there's anything that Mary Shelton did</p> <p>13 herself to cause or contribute to the</p> <p>14 exposure or erosion that she experienced?</p> <p>15 A. No.</p> <p>16 Q. I've seen in some of the</p> <p>17 records a diagnosis of diverticulosis. Do</p> <p>18 you recall that?</p> <p>19 A. I don't remember off the top of</p> <p>20 my head.</p> <p>21 Q. Is there anything about that</p> <p>22 diagnosis, assuming it exists, that would</p> <p>23 have caused or contributed to Mary Shelton's</p> <p>24 mesh erosion or exposure?</p>	<p style="text-align: right;">Page 52</p> <p>1 hours.</p> <p>2 A. Sure.</p> <p>3 (Recess taken, 6:59 p.m. to</p> <p>4 7:09 p.m.)</p> <p>5 BY MS. COPELAND:</p> <p>6 Q. Let's go back to page 5 of your</p> <p>7 report, which is Exhibit 2.</p> <p>8 A. Okay.</p> <p>9 Q. You indicate at number 5 or you</p> <p>10 note at number 5 that Mrs. Shelton continues</p> <p>11 to have mild urinary incontinence.</p> <p>12 Do you see that?</p> <p>13 A. Yes.</p> <p>14 Q. And you say it's common at her</p> <p>15 age and it is multifactorial. It does not</p> <p>16 represent a failure or defect of the mesh.</p> <p>17 My question to you is: A</p> <p>18 failure or a defect of a mesh, is it a</p> <p>19 possibility of her -- a possible cause of her</p> <p>20 recurrent incontinence?</p> <p>21 A. No, I don't believe so, no.</p> <p>22 Q. So when you indicate that the</p> <p>23 urinary incontinence is multifactorial, what</p> <p>24 do you mean?</p>
<p style="text-align: right;">Page 51</p> <p>1 A. No.</p> <p>2 Q. And I think I've also seen a</p> <p>3 diagnosis of or treatment for basal cell</p> <p>4 carcinoma on her chin. Do you recall seeing</p> <p>5 that?</p> <p>6 A. I don't remember that.</p> <p>7 Q. Assuming that it's there, do</p> <p>8 you believe that that would cause or</p> <p>9 contribute to her mesh erosion or exposure?</p> <p>10 A. No.</p> <p>11 MS. COPELAND: How long have we</p> <p>12 been going?</p> <p>13 THE REPORTER: I can tell you.</p> <p>14 57 minutes.</p> <p>15 BY MS. COPELAND:</p> <p>16 Q. You know what I want to do? I</p> <p>17 would like to take a break right now if it's</p> <p>18 okay with you.</p> <p>19 A. Sure.</p> <p>20 Q. Because I've been kind of</p> <p>21 jumping all over the place, and then see if I</p> <p>22 can pull it all together and wrap it up --</p> <p>23 A. Sure.</p> <p>24 Q. -- well in advance of two</p>	<p style="text-align: right;">Page 53</p> <p>1 A. Well, as women age, urinary</p> <p>2 incontinence becomes more common and it's due</p> <p>3 to urogenital atrophy, it's due to anatomical</p> <p>4 changes. There's numerous causes that can</p> <p>5 occur. The diabetes is a factor that can</p> <p>6 cause urinary incontinence.</p> <p>7 So there's many reasons why she</p> <p>8 has urinary incontinence.</p> <p>9 Q. But mesh is not one of them?</p> <p>10 A. Correct.</p> <p>11 Q. You're aware of literature out</p> <p>12 there that supports at least the possibility</p> <p>13 that mesh or mesh failure can be a cause of</p> <p>14 recurrent stress incontinence, correct?</p> <p>15 MR. SNELL: Form and</p> <p>16 foundation.</p> <p>17 A. I don't believe that the mesh</p> <p>18 causes it, but I believe that the anatomy can</p> <p>19 change over time and the mesh cannot overcome</p> <p>20 those changes in anatomy.</p> <p>21 BY MS. COPELAND:</p> <p>22 Q. I'm not sure if I asked you</p> <p>23 this earlier, and I apologize if I did. Is</p> <p>24 there anything about Mary Shelton's medical</p>

<p style="text-align: right;">Page 54</p> <p>1 history, medical condition in 2002, at the  2 time of her implant, to suggest she was not a  3 proper candidate for either of the mesh  4 products implanted in her body?  5 A. No.  6 Q. There was no warning or  7 contraindication that you're aware of in  8 either of the IFUs to suggest that those  9 products should not have been implanted in  10 her body, correct?  11 A. Correct.  12 Q. I saw somewhere that you had  13 done some work with Ethicon beyond serving as  14 an expert offering opinions on their behalf,  15 and what I noted was that you had done some  16 preceptorship work for Ethicon? Is that  17 right?  18 A. Correct.  19 Q. And that involves teaching  20 other physicians about the Ethicon  21 products --  22 A. Correct.  23 Q. -- and how to implant them,  24 right?</p>	<p style="text-align: right;">Page 56</p> <p>1 expert, preceptorship work, advisory panels  2 and moderating meetings or booths at AUA,  3 have you done any other paid work on behalf  4 of Ethicon, ever?  5 MR. SNELL: Object, form.  6 Covered in prior depositions.  7 Go ahead.  8 A. Not that I can recall.  9 BY MS. COPELAND:  10 Q. Okay. And that's all -- I'm  11 just trying to get current, you know, so  12 maybe something has changed since then, but  13 thank you.  14 MR. SNELL: I have no problem  15 with current questions in that regard,  16 if that's what you're asking.  17 MS. COPELAND: Yeah, yeah. I'm  18 just looking for anything new.  19 MR. SNELL: Yeah, I have no  20 issue with current. I just thought I  21 heard prior, sorry.  22 MS. COPELAND: And I could have  23 said it. Thank you.  24 BY MS. COPELAND:</p>
<p style="text-align: right;">Page 55</p> <p>1 A. Yes.  2 Q. And how to decide what types of  3 patients are appropriate and which ones are  4 not appropriate, correct?  5 A. Correct.  6 Q. Have you done any preceptorship  7 work since -- on behalf of Ethicon since you  8 have been hired to serve as an expert on  9 their behalf?  10 A. No.  11 Q. I noticed -- noted that you had  12 also served on some advisory panels for  13 Ethicon.  14 A. Yes, that's correct.  15 Q. Have you been on any advisory  16 panels since you began working as an expert  17 on their behalf?  18 A. No.  19 Q. And appearing at or moderating  20 meetings or booths or a booth at AUA, have  21 you done that since you've been hired as an  22 expert?  23 A. No.  24 Q. Other than serving as an</p>	<p style="text-align: right;">Page 57</p> <p>1 Q. What I think that I'm going to  2 do is I want to take -- the only thing that  3 you brought that causes me any concern would  4 be the drives, since I can't see them.  5 MR. SNELL: They just have -- I  6 mean, I'll put it on the record. I'll  7 make a representation. They just have  8 the medical records, all the medical  9 records and the depositions that would  10 have been accumulated at that point.  11 MS. COPELAND: Case-specific  12 only?  13 MR. SNELL: Case-specific,  14 yeah, yeah, yeah.  15 MS. COPELAND: Okay.  16 MR. SNELL: Let me plug it in.  17 MS. COPELAND: And then I'm not  18 sure what the position is or it's  19 going to be, but what I would like to  20 do is I'm going to stop, but I want to  21 at least put it on the record, a  22 reservation of my right to finish off  23 any untaken time to depose you on a  24 medical examination if you perform</p>

<p style="text-align: right;">Page 58</p> <p>1 one.</p> <p>2 I don't know that you can agree</p> <p>3 or disagree, but I want to reserve my</p> <p>4 right to do that.</p> <p>5 THE REPORTER: Are we still on</p> <p>6 the record? Is there anything</p> <p>7 further?</p> <p>8 MR. SNELL: I'm just looking --</p> <p>9 I'm sorry.</p> <p>10 MS. COPELAND: Yeah, let's stay</p> <p>11 on the record for a few minutes.</p> <p>12 MR. SNELL: So, Counsel, my</p> <p>13 representation is accurate. I'm</p> <p>14 opening up the thumb drive, and all</p> <p>15 that are on it are case-specific</p> <p>16 medical records and transcripts from</p> <p>17 depositions.</p> <p>18 MS. COPELAND: In this case.</p> <p>19 MR. SNELL: In this case.</p> <p>20 MS. COPELAND: Yeah, you said</p> <p>21 case-specific.</p> <p>22 MR. SNELL: And they would be</p> <p>23 contained and set forth, itemized in</p> <p>24 the back of the materials list that</p>	<p style="text-align: right;">Page 60</p> <p>1 and it changes or augments or change -- or</p> <p>2 affects your opinion, will you let me know so</p> <p>3 I can let plaintiffs' counsel know?</p> <p>4 A. Yes.</p> <p>5 MR. SNELL: Counsel, I believe</p> <p>6 there was an updated or a supplemental</p> <p>7 reliance list that was served a week</p> <p>8 or so ago.</p> <p>9 MS. COPELAND: Oh, yeah? Okay.</p> <p>10 MR. SNELL: I don't know if you</p> <p>11 have it or if you want to attach it,</p> <p>12 but I will put that on the record.</p> <p>13 MS. COPELAND: Can we go ahead</p> <p>14 and just mark that as Exhibit 3?</p> <p>15 MR. SNELL: Yeah.</p> <p>16 MS. COPELAND: Why don't we</p> <p>17 just do that.</p> <p>18 MR. SNELL: Okay. I don't have</p> <p>19 a copy of it, but I assume --</p> <p>20 MS. COPELAND: We'll get one.</p> <p>21 MR. SNELL: Okay.</p> <p>22 (Whereupon, Exhibit</p> <p>23 Pramudji-Shelton-3, Supplemental</p> <p>24 Reliance List in Addition to Materials</p>
<p style="text-align: right;">Page 59</p> <p>1 you discussed with the doctor earlier.</p> <p>2 MS. COPELAND: Great. Okay.</p> <p>3 Then with the noting on the record of</p> <p>4 my reservation to continue this</p> <p>5 deposition if a medical examination is</p> <p>6 taken or performed on Mary Shelton, I</p> <p>7 will pass the witness.</p> <p>8 EXAMINATION</p> <p>9 BY MR. SNELL:</p> <p>10 Q. Dr. Pramudji, I just have a few</p> <p>11 follow-up questions.</p> <p>12 You mentioned the rough draft</p> <p>13 of Dr. Pizarro and that you had not had a</p> <p>14 chance to read that yet? Am I correct in</p> <p>15 that regard?</p> <p>16 A. That's correct.</p> <p>17 Q. Do you plan to review that</p> <p>18 deposition?</p> <p>19 A. Yes.</p> <p>20 Q. Do you plan to review any other</p> <p>21 depositions or medical records that become</p> <p>22 available between now and the time of trial?</p> <p>23 A. Yes.</p> <p>24 Q. And if you review any of those</p>	<p style="text-align: right;">Page 61</p> <p>1 Referenced in Report Re Mary Shelton,</p> <p>2 was marked for identification.)</p> <p>3 BY MR. SNELL:</p> <p>4 Q. You were asked a question about</p> <p>5 whether all of the general materials in your</p> <p>6 prior general report are the entire scope of</p> <p>7 your general opinions.</p> <p>8 Do you recall a question</p> <p>9 somewhat along those lines?</p> <p>10 A. Yes.</p> <p>11 Q. I'm paraphrasing because</p> <p>12 plaintiffs' counsel's question was much more</p> <p>13 articulate than that one.</p> <p>14 MS. COPELAND: One of them.</p> <p>15 BY MR. SNELL:</p> <p>16 Q. My question to you is this,</p> <p>17 Doctor: Have you, since the time of your</p> <p>18 most recent general Gynemesh Prolift report,</p> <p>19 continued to review the literature with</p> <p>20 regard to those products?</p> <p>21 A. Yes.</p> <p>22 Q. And have you, in prior</p> <p>23 depositions, noted the additional materials</p> <p>24 that you have reviewed that don't change your</p>

<p style="text-align: right;">Page 62</p> <p>1 opinion but are just further supportive of  2 your opinions?  3 A. Yes.  4 Q. Such as the recent AUGS, SUFU,  5 AUA, SGS, National Incontinence Group,  6 position statement that was just released on  7 midurethral slings?  8 A. Yes.  9 Q. The paper to be presented at  10 IUGA on the lack of support for a degradation  11 theory showing that the correct material is  12 instead a biologic proteinaceous material?  13 A. Yes.  14 MS. COPELAND: Objection, form.  15 BY MR. SNELL:  16 Q. Do you recall the questions  17 about the mesh erosion, in particular where  18 it was located?  19 A. Yes.  20 Q. I believe you testified it was  21 reported in the records to be 1-point --  22 strike that.  23 The mesh exposure or erosion  24 was reported to be approximately</p>	<p style="text-align: right;">Page 64</p> <p>1 Q. Do you recall being asked about  2 the plaintiff's shortened and narrowed  3 vagina?  4 A. Yes.  5 Q. Was that a preexisting  6 condition she had even before her 2002  7 surgeries with the Prolene and TVT?  8 A. Yes, that's correct.  9 Q. Did you consider that in  10 formulating your differential diagnoses?  11 A. Yes.  12 Q. Was dyspareunia a preexisting  13 medical condition?  14 A. Yes, it was.  15 Q. And when I say "preexisting,"  16 I'm asking, did it preexist as well the  17 mesh-based repairs from 2002?  18 A. Yes.  19 Q. And did she have the  20 dyspareunia at the same time she had the  21 shortened and narrowed vagina before the 2002  22 mesh-based repair surgeries with the TVT and  23 Prolene?  24 MS. COPELAND: Form.</p>
<p style="text-align: right;">Page 63</p> <p>1 1-by-1 centimeters at the apex? Do you  2 recollect giving that testimony?  3 A. Yes.  4 Q. Was the mesh erosion at the  5 site of the TVT, or was that the prolapsed  6 mesh?  7 A. That would be the prolapsed  8 mesh.  9 Q. Do you recall being asked about  10 whether or not generally mesh is supposed to  11 erode?  12 A. Yes.  13 Q. Is erosion a potential risk of  14 utilizing sutures?  15 A. Yes.  16 Q. Is it a potential risk of using  17 biologic materials?  18 A. Yes, it is.  19 Q. Is it a potential risk of using  20 autologous material?  21 A. Yes.  22 Q. Is that all set forth in your  23 general report?  24 A. Yes.</p>	<p style="text-align: right;">Page 65</p> <p>1 A. Yes.  2 BY MR. SNELL:  3 Q. Did you consider that in  4 formulating your differential diagnosis?  5 A. Yes.  6 Q. You were asked a question about  7 the recurrence noted in 2010 and plaintiff's  8 complaint of recurrent prolapse. My question  9 to you is this: I believe in your report you  10 note that the prolapse in 2010 was at a  11 rectocele and enterocele?  12 A. That's correct.  13 Q. Where was the Prolene mesh used  14 back in 2002?  15 A. The Prolene mesh was used in  16 the anterior compartment of the vagina to  17 repair a cystocele, so it's a different wall  18 of the vagina.  19 Q. Would the rectocele/enterocele  20 noted in 2010 be a recurrence of that  21 anterior colporrhaphy/replacement of Prolene  22 mesh performed in 2002?  23 MS. COPELAND: Objection, form.  24 A. No.</p>

Page 66

1 BY MR. SNELL:  
 2 Q. As far as that rectocele  
 3 recurring, when did she first actually have  
 4 her initial rectocele repair? And I'm  
 5 looking at your report at the top of page 2.  
 6 A. 1986.  
 7 Q. And then between 1986 and 2002,  
 8 she also had numerous other rectocele  
 9 repairs?  
 10 A. That's correct.  
 11 Q. And then in 2010, she had  
 12 another rectocele noted?  
 13 A. That's correct.  
 14 Q. And would that be a recurrence  
 15 of her earlier rectocele repairs and  
 16 preexisting history of a rectocele?  
 17 MS. COPELAND: Objection, form.  
 18 A. Yes, that's correct.  
 19 BY MR. SNELL:  
 20 Q. Was the rectocele a documented  
 21 preexisting medical condition that she had  
 22 before the 2002 surgeries with the TVT and  
 23 the Prolene mesh for anterior repair?  
 24 MS. COPELAND: Objection, form.

Page 67

1 A. Yes, that's correct.  
 2 BY MR. SNELL:  
 3 Q. You were asked about the  
 4 defecatory dysfunction also that she reported  
 5 at the same time as her rectocele in 2010.  
 6 Do you recall that?  
 7 A. Yes.  
 8 Q. And you testified it was not  
 9 from the mesh. Do you recall that?  
 10 A. Yes.  
 11 Q. What, if anything, do you  
 12 believe that that defecatory dysfunction was  
 13 from?  
 14 MR. SNELL: Objection, form.  
 15 A. I believe that was from the  
 16 recurrent rectocele.  
 17 BY MR. SNELL:  
 18 Q. Okay. You were asked a  
 19 question about the IFUs and what it said or  
 20 didn't say.  
 21 Do you recall that?  
 22 A. Yes.  
 23 Q. Did the Prolene and TVT IFUs  
 24 warn of the risk of erosion, extrusion?

Page 68

1 MS. COPELAND: Objection, form.  
 2 A. Yes.  
 3 BY MR. SNELL:  
 4 Q. Did they warn of the risk of  
 5 inflammation?  
 6 A. Yes.  
 7 Q. Based on your review of the  
 8 literature -- strike that.  
 9 Plaintiffs' counsel asked you  
 10 questions about your various professional  
 11 education activities with Ethicon on their  
 12 products. Do you recall that?  
 13 A. Yes.  
 14 Q. Does the IFUs also recommend a  
 15 surgeon undergo training?  
 16 A. Yes.  
 17 Q. Does that professional  
 18 education and training also warn or advise of  
 19 the risk of erosion, extrusion, inflammation?  
 20 MS. COPELAND: Objection, form.  
 21 A. Yes.  
 22 BY MR. SNELL:  
 23 Q. Does it warn of other risks?  
 24 MS. COPELAND: Objection, form.

Page 69

1 A. Yes.  
 2 BY MR. SNELL:  
 3 Q. Page 4 of your report, you cite  
 4 to a paper by Iglesia regarding the use of  
 5 mesh in gynecologic surgery published in  
 6 1997. Do you see that?  
 7 A. Yes.  
 8 Q. And you state, "As noted in my  
 9 general report, wound complications, scarring  
 10 and dyspareunia are risks of all prolapse  
 11 surgeries that have been long reported in the  
 12 literature." Is that correct?  
 13 MS. COPELAND: Objection, form.  
 14 A. Yes.  
 15 BY MR. SNELL:  
 16 Q. "And are a basic part of pelvic  
 17 floor surgeon training." Do you recall that?  
 18 A. Yes.  
 19 Q. Through your review of the  
 20 literature over the years and your medical  
 21 education and training, are you aware of what  
 22 risks or complications would be commonly  
 23 known to the intended users of these devices?  
 24 MS. COPELAND: Objection, form.



<p style="text-align: right;">Page 70</p> <p>1 A. Yes.</p> <p>2 BY MR. SNELL:</p> <p>3 Q. And would mesh</p> <p>4 erosion/exposure, dyspareunia, scarring, are</p> <p>5 those risks that would be commonly known to</p> <p>6 the intended user of these devices at the</p> <p>7 time of Mrs. Shelton's surgery?</p> <p>8 MS. COPELAND: Objection, form.</p> <p>9 A. Yes.</p> <p>10 BY MR. SNELL:</p> <p>11 Q. Is that based on your review of</p> <p>12 the literature over decades as well as your</p> <p>13 experience and education as well as</p> <p>14 professional education, teaching and training</p> <p>15 activities with the Ethicon products?</p> <p>16 MS. COPELAND: Objection, form.</p> <p>17 A. Yes.</p> <p>18 MR. SNELL: That's all I have.</p> <p>19 FURTHER EXAMINATION</p> <p>20 BY MS. COPELAND:</p> <p>21 Q. It's not your opinion that the</p> <p>22 size 0 Ethibond sutures utilized in</p> <p>23 Mrs. Shelton at the time of her prolapse</p> <p>24 surgery with mesh was a cause or contributing</p>	<p style="text-align: right;">Page 72</p> <p>1 mesh is also one of the prolapse surgeries to</p> <p>2 which you refer, correct?</p> <p>3 A. Correct.</p> <p>4 Q. So you would agree with me that</p> <p>5 wound complications are a risk of mesh</p> <p>6 prolapse surgery, correct?</p> <p>7 MR. SNELL: Object, form.</p> <p>8 Go ahead.</p> <p>9 A. Correct.</p> <p>10 BY MS. COPELAND:</p> <p>11 Q. And scarring is a risk</p> <p>12 associated with mesh prolapse surgery,</p> <p>13 correct?</p> <p>14 A. Correct.</p> <p>15 Q. And finally, dyspareunia is a</p> <p>16 risk associated with mesh prolapse surgery,</p> <p>17 correct?</p> <p>18 A. Correct.</p> <p>19 MS. COPELAND: That's all I've</p> <p>20 got. Thank you.</p> <p>21 THE WITNESS: Okay. Thank you.</p> <p>22 MR. SNELL: That's all I have.</p> <p>23 THE REPORTER: The reporter</p> <p>24 will put the elapsed time on the</p>
<p style="text-align: right;">Page 71</p> <p>1 factor to her erosion or exposure, is it?</p> <p>2 A. No.</p> <p>3 Q. Do you believe that there is</p> <p>4 any biologic material that's ever been</p> <p>5 implanted in Mrs. Shelton that caused or</p> <p>6 contributed to her erosion or exposure?</p> <p>7 A. No.</p> <p>8 Q. What about autologous material?</p> <p>9 Do you believe that there's any autologous</p> <p>10 material that's ever been used in any of her</p> <p>11 surgeries that caused or contributed to her</p> <p>12 exposure or erosion?</p> <p>13 A. No.</p> <p>14 Q. And then on page 4 of your</p> <p>15 report, going back to that citation to the</p> <p>16 Iglesia article, you would agree with me --</p> <p>17 let me back up and just get this right.</p> <p>18 You note that wound</p> <p>19 complications, scarring and dyspareunia are</p> <p>20 risks of all prolapse surgeries that have</p> <p>21 long been reported in the literature,</p> <p>22 correct?</p> <p>23 A. Correct.</p> <p>24 Q. You would agree with me that</p>	<p style="text-align: right;">Page 73</p> <p>1 record, and we are off the record at</p> <p>2 7:31.</p> <p>3 (Deposition recessed at</p> <p>4 7:31 p.m.)</p> <p>5 REPORTER'S NOTE: Examination</p> <p>6 time used by counsel is as follows:</p> <p>7 BY MS. COPELAND: 01:07:14</p> <p>8 BY MR. SNELL: 00:12:36</p> <p>9 --oOo--</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>



## 1 CERTIFICATE

2  
3 I, SUSAN PERRY MILLER, Registered  
4 Diplomate Reporter, Certified Realtime  
Reporter, Certified Court Reporter and Notary  
Public, do hereby certify that prior to the  
5 commencement of the examination, CHRISTINA  
PRAMUDJI, M.D. was duly sworn by me to  
6 testify to the truth, the whole truth and  
nothing but the truth;  
7

8 That pursuant to Rule 30 of the  
Federal Rules of Civil Procedure, signature  
9 of the witness was not reserved by the  
witness or other party before the conclusion  
10 of the deposition;

11 That the foregoing is a verbatim  
transcript of the testimony as taken  
12 stenographically by and before me at the  
time, place and on the date hereinbefore set  
13 forth, to the best of my ability.

14 I DO FURTHER CERTIFY that I am  
neither a relative nor employee nor attorney  
15 nor counsel of any of the parties to this  
action, and that I am neither a relative nor  
16 employee of such attorney or counsel, and  
that I am not financially interested in the  
17 action.  
18

19 Susan Perry Miller  
20 CSR-TX, CCR-LA, CSR-CA  
Registered Diplomate Reporter  
21 Certified Realtime Reporter  
Certified Realtime Captioner  
22 NCRA Realtime Systems Administrator  
Notary Public, State of Texas  
23 My Commission Expires 03/30/2016  
24

Dated: 18th of July, 2016

1 \_\_\_\_\_  
2 LAWYER'S NOTES  
3 \_\_\_\_\_

4 PAGE LINE

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23	_____	_____
24	_____	_____